Docket No.:   KNOXX.024C2   April 7, 2005
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Please Direct All Correspondence to Customer Number 20995

REQUEST FOR CONTINUED EXAMINATION

Applicant	:	Trempala
App. No	:	10/789,630
Filed	:	February 27, 2004
For	:	LOCKING CAP SYSTEM
Examiner	:	Suzanne Lale Dino Barrett
Art Unit	:	3676

CERTIFICATE OF FAX TRANSMISSION

I hereby certify that this correspondence and all marked attachments are being transmitted via facsimile to the USPTO Central Fax No. (703) 872-9306 on the date shown below:

April 7, 2005
(Date)

Robert J. Roby Reg. No. 44,304

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

This Request for Continued Examination (RCE) is being made as follows:

1. Submission Required under 37 CFR 1.114:

> (X)   Enclosed:
>
> > (X)   Amendment/Reply in Twelve (12) pages.
> >
> > (X)   Information Disclosure Statement (IDS).

2. Fees:

FEE CALCULATION				
FEE TYPE		**FEE CODE**	**CALCULATION**	**TOTAL**
RCE Fee		2801 ($395)		$395
Total Claims	25 - 30 = 0	2202 ($25)	0 x 25 =	$0
Independent Claims	6 - 6 = 0	2201 ($100)	0 x 100 =	$0
Multiple Claim		2203 ($180)		$0
1 Month Extension		2251 ($60)		$60
			TOTAL FEE DUE	$455

(X)   An extension of time is hereby requested by payment of the appropriate fee indicated above.

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	30	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	30 minus 20 =	10
INDEPENDENT CLAIMS	6 minus 3 =	3
MULTIPLE DEPENDENT CLAIM PRESENT		☐

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐ **OR OTHER THAN SMALL ENTITY**

	RATE	FEE		RATE	FEE
BASIC FEE	385.00	OR	BASIC FEE	770.00
XS 9=	90	OR	XS18=	
X43=	129	OR	X86=	
+145=	0	OR	+290=	
TOTAL	604	OR	TOTAL	

CLAIMS AS AMENDED - PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	30	Minus	20	=
Independent	6	Minus	6	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

1, 15, 29, 31, 32, 33

SMALL ENTITY OR OTHER THAN SMALL ENTITY

	RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
	X$ 9=		OR	X$18=	
	X43=		OR	X86=	
	+145=		OR	+290=	
	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

4.7.05

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	25	Minus	30	=
Independent	6	Minus	6	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☑

1, 15, 31, 32, 33

	RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
	X$ 9=		OR	X$18=	
	X43=		OR	X86=	
	+145=		OR	+290=	
	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total		Minus		=
Independent		Minus		=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

	RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
	X$ 9=		OR	X$18=	
	X43=		OR	X86=	
	+145=		OR	+290=	
	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PTO-875 (Rev. 10/03)

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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